

2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M19000004646

Entity Name: KIN INSURANCE NETWORK DISTRIBUTOR, LLC

Current Principal Place of Business:

55 W MONROE ST, STE 2200
CHICAGO, IL 60603

Current Mailing Address:

55 W MONROE ST, STE 2200
CHICAGO, IL 60603 US

FEI Number: 83-2163756

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AUTHORIZED REPRESENTATIVE
Name HARPER, SEAN
Address 55 W MONROE ST, STE 2200
City-State-Zip: CHICAGO IL 60603

Title AUTHORIZED REPRESENTATIVE
Name WARD, LUCAS
Address 55 W MONROE ST, STE 2200
City-State-Zip: CHICAGO IL 60603

Title AUTHORIZED REPRESENTATIVE
Name COHEN, JOSH
Address 55 W MONROE ST, STE 2200
City-State-Zip: CHICAGO IL 60603

Title MBR
Name KIN INSURANCE, INC.
Address 55 W MONROE ST, STE 2200
City-State-Zip: CHICAGO IL 60603

Title AUTHORIZED REPRESENTATIVE
Name CONLIN, ANGEL
Address 55 W MONROE ST, STE 2200
City-State-Zip: CHICAGO IL 60603

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SEAN HARPER

**CHIEF EXECUTIVE
OFFICER**

05/11/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date